

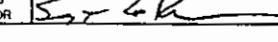
EXHIBIT A

Hall County Sheriff's Office

Incident Report

ORI #: GA0690000

INCIDENT #: 140090231		Report Taken	ENTERED GCIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT STATUS:	A <input type="checkbox"/> DEATH OF OFFENDER	
REPORT DATE 08/03/14		<input type="checkbox"/> Over the Phone	DATE ENTERED:	B <input type="checkbox"/> PROSECUTION DECLINED		
RESPONSE CODE: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input checked="" type="checkbox"/> In Person	DATE REMOVED:	C <input type="checkbox"/> EXTRADITION DECLINED		
REPORT TYPE: <input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT		<input type="checkbox"/> Other	*CID USE ONLY*			
COMPLAINANT (Last, First, Middle)		Translator Required	INV ASSIGNED:	D <input type="checkbox"/> REFUSED TO COOPERATE		
ADDRESS (Street, City, State, Zip)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DFCS CASE #:	E <input type="checkbox"/> JUVENILE, NO CUSTODY		
LOCATION OF INCIDENT (Address or Description)		PHONE (Home) () N/A (Work / Cell) ()		F <input type="checkbox"/> NOT APPLICABLE		
DATE(S) OF INCIDENT: 08/03/14 TO 0900 TIME(S) OF INCIDENT: 1930		OFFENSE:		DATE, 8/3/2014		
DATE INCIDENT REPORTED: 8/3/2014		1 <input checked="" type="checkbox"/> Disrupt Lawful Gathering	UCR CODE 4129	ATTEMPTED <input type="checkbox"/> <input checked="" type="checkbox"/>	COMPLETED <input type="checkbox"/>	FAMILY VIOLENCE <input type="checkbox"/>
DISTRICT INCIDENT OCCURRED: 10		2 <input checked="" type="checkbox"/> Warrant Arrest	0816	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOC CODE: 42-3F		3 <input type="checkbox"/>				
LOCATION OF OFFENSE: (Check Only One) (Enter Code Number for Offense # 2 #3)		(For Burglary Only)		RESIDENTIAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	
1 <input type="checkbox"/> BANK / SAVINGS & LOAN		5 <input type="checkbox"/> CONVENIENCE STORE	9 <input type="checkbox"/> HOTEL / MOTEL / ETC	13 <input type="checkbox"/> PARKING LOT / GARAGE	17 <input type="checkbox"/> SCHOOL / COLLEGE	
2 <input checked="" type="checkbox"/> CHURCH / SYNAGOGUE / TEMPLE		6 <input type="checkbox"/> FIELD / WOODS	10 <input type="checkbox"/> JAIL / PRISON	14 <input type="checkbox"/> RENTAL / STORAGE FACILITY	18 <input type="checkbox"/> SERVICE / GAS STATION	
3 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING		7 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDINGS	11 <input type="checkbox"/> LAKE / WATERWAY	15 <input type="checkbox"/> RESIDENCE / HOME	19 <input type="checkbox"/> OTHER	
4 <input type="checkbox"/> CONSTRUCTION SITE		8 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY	12 <input type="checkbox"/> LIQUOR STORE	16 <input type="checkbox"/> RESTAURANT	20 <input type="checkbox"/> UNKNOWN	
TYPE OF WEAPON / FORCE INVOLVED		11 <input type="checkbox"/> FIREARM (UNK TYPE)	14 <input type="checkbox"/> SHOTGUN	30 <input type="checkbox"/> BLUNT OBJECT	50 <input type="checkbox"/> POISON	70 <input type="checkbox"/> NARCOTICS / DRUGS
(Check Up To Three)		12 <input type="checkbox"/> HANDGUN	15 <input type="checkbox"/> OTHER FIREARM	35 <input type="checkbox"/> MOTOR VEHICLE	60 <input type="checkbox"/> EXPLOSIVES	90 <input type="checkbox"/> OTHER
13 <input type="checkbox"/> RIFLE		20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT	40 <input checked="" type="checkbox"/> PERSONAL WEAPONS	65 <input type="checkbox"/> FIRE / INCENDIARY	85 <input type="checkbox"/> UNKNOWN	95 <input type="checkbox"/> NONE
GANG RELATED <input type="checkbox"/>		DRUG RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		IF YES, LIST TYPE(S) OF DRUG:		
VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		PHONE (Home) () (Work / Cell) ()				
VICTIM (Last, First, Middle)		Laws of Georgia				
ADDRESS (Street, City, State, Zip)		Mailing Address (if different)				
TYPE OF VICTIM (Check Only One)		RACE / ETHNICITY	SEX	DOB		NO OF VICTIMS 2
1 <input type="checkbox"/> INDIVIDUAL	C <input checked="" type="checkbox"/> GOVERNMENT	W <input type="checkbox"/> WHITE	I <input type="checkbox"/> INDIAN	U <input type="checkbox"/> UNKNOWN	M <input type="checkbox"/> MALE	F <input type="checkbox"/> FEMALE
E <input type="checkbox"/> BUSINESS	O <input type="checkbox"/> OTHER	B <input type="checkbox"/> BLACK	A <input type="checkbox"/> ASIAN	H <input type="checkbox"/> HISPANIC	U <input type="checkbox"/> UNKNOWN	U <input type="checkbox"/> UNKNOWN
AGGRAVATED ASSAULT/MURDERS CIRCUMSTANCES		INJURY TYPE: (Check Up To Five)		RELATION OF VICTIM TO OFFENDER: (For multiple relationships enter offender number(s) in space)		
1 <input type="checkbox"/> ARGUMENT	6 <input type="checkbox"/> LOVER'S QUARREL	H <input checked="" type="checkbox"/> NONE	I <input type="checkbox"/> MODERATE INJURY	FA <input type="checkbox"/> IMMEDIATE FAMILY	RO <input type="checkbox"/> ROOMMATE	
2 <input type="checkbox"/> ASSAULT ON LAW OFFICER	7 <input type="checkbox"/> MERCY KILLING	D <input type="checkbox"/> DECEASED	O <input type="checkbox"/> MAJOR INJURY	OF <input type="checkbox"/> OTHER FAMILY	OK <input checked="" type="checkbox"/> OTHERWISE KNOWN	
3 <input type="checkbox"/> DRUG DEALING	8 <input type="checkbox"/> OTHER FELONY INVOLVED	M <input type="checkbox"/> MINOR INJURY	U <input type="checkbox"/> UNKNOWN	ST <input type="checkbox"/> STRANGER	UK <input type="checkbox"/> UNKNOWN	
4 <input type="checkbox"/> GANGSTAND	9 <input type="checkbox"/> OTHER CIRCUMSTANCES					
5 <input type="checkbox"/> JUVENILE GANG	10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES					
PROPERTY TYPE PROPERTY LOSS/ETC (ENTER NUMBER IN TYPE COLUMN)		TYPE	CODE	QUANTITY	PROPERTY DESCRIPTION	
1 NONE		6	27	1	INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR, TAG #, VIN #, ETC	
2 BURNED					CD-R of audio	N/A
3 COUNTERFEITED / FORGED						
4 DAMAGED / DESTROYED						
5 RECOVERED						
6 SEIZED						
7 STOLEN						
8 UNKNOWN						
PROPS SEIZED/RECOVERED PLACED:						
<input type="checkbox"/> CRIME LAB						
<input type="checkbox"/> PROPERTY & EVIDENCE						
<input checked="" type="checkbox"/> EVIDENCE LOCKER						
<input type="checkbox"/> OTHER: _____						
THEFT <input type="checkbox"/> RECOVERY <input type="checkbox"/>						
1 CITY <input type="checkbox"/> 4 OUT OF STATE						
2 COUNTY <input type="checkbox"/> 5 UNKNOWN						
PROPERTY DESCRIPTION CODE TABLE: (Enter Number in Code Column Above)						
1 AIRCRAFT		14	GAMBLING EQUIPMENT	28	RECREATIONAL VEHICLES	88 PENDING INVENTORY
2 ALCOHOL		15	HEAVY CON / IND EQUIP	36	TOOLS - PCWER / HAND	99 ()
3 AUTOMOBILES		16	HOUSEHOLD GOODS	37	TRUCKS	
4 BICYCLES		17	JEWELRY / PRECIOUS METALS	38	VEHICLE PARTS / ACCESSORIES	
5 BUSES		18	LIVESTOCK	39	WATERCRAFT	
6 CLOTHES / FURS		19	MERCHANDISE	40	FISHING EQUIPMENT	
7 COMPUTER / HARDWARE / SOFTWARE		20	MONEY	41	TAJS / DECALS	
8 CONSUMABLE GOODS		21	NEGOTIABLE INSTRUMENT	42	LAWN MOWERS (RIDING & PUSH)	
9 CREDIT / DEBIT CARDS		22	NONNEGOTIABLE INSTRUMENTS	43	BUILDING MATERIALS	
10 DRUGS / NARCOTICS		23	OFFICE - TYPE EQUIPMENT	44	GASOLINE	
11 DRUG / NARCOTIC EQUIPMENT		24	OTHER VEHICLES	45	MAILBOX	
12 FARM EQUIPMENT		25	PURSES / HANDBAGS / WALLETS	46	CELL PHONES	
13 FIREARMS		26	RADIO / TV / VCR	47	TRAILER	
		27	RECORDINGS - AUDIO / VISUAL	77	OTHER	
						DAMAGED / BURNED STRUCTURES ONLY
						29 STRUCTURES - SINGLE OCC DWELLING
						30 STRUCTURES - OTHER DWELLINGS
						31 STRUCTURES - OTHER COM / BUSINESS
						32 STRUCTURES - IND / MANUFACTURING
						33 STRUCTURES - PUBLIC / COMMUNITY
						34 STRUCTURES - STORAGE
						35 STRUCTURES - OTHER

<input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE											
1 (Last,First,Middle): Freeman, David Justin						ADDRESS (Street,City,State,Zip): Gainesville, GA 30501					
ALIAS Freeman, Justin SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC ETHNICITY: <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> UNKNOWN						AGE: 29 DOB: 08/08/64		SS#: UNK		DLN#: 050801099 STATE: GA	
DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> H <input type="checkbox"/> R HANDLED WITHIN DEPT. <input type="checkbox"/> REFERRED TO <input type="checkbox"/> OTHER AUTHORITY						OFFENSE / ARREST: 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/>		"DETAINEE" 1 CITY <input type="checkbox"/> 2 COUNTY <input type="checkbox"/> 3 STATE <input type="checkbox"/> 4 OUT OF STATE <input type="checkbox"/> 5 UNKNOWN <input type="checkbox"/>		SEARCHED PRIOR TO & YES <input type="checkbox"/> AFTER TRANSPORT <input type="checkbox"/> (Patrol Vehicle) NO <input type="checkbox"/>	
ARRESTEE WAS ARMED WITH: (Check Up To Two):						HEIGHT: 6 FEET 00 INCHES		WEIGHT: 160 EYES		HAIR	
10 <input checked="" type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM (type not stated) <input type="checkbox"/> CUTTING INSTRUMENT 11 <input type="checkbox"/> FIREARM <input type="checkbox"/> SHOTGUN <input type="checkbox"/> H <input type="checkbox"/> R 12 <input type="checkbox"/> HANDGUN <input type="checkbox"/> H <input type="checkbox"/> R 13 <input type="checkbox"/> RIFLE <input type="checkbox"/> CLUB / BRASS KNUCKLES						ARREST NUMBER: 1 UCR ARREST OFFENSE CODE: 4129		ARREST DATE: 08/03/14 UCR WARRANTS ISSUED (NO ARREST)		DATE WARRANTS OBTAINED: 8/3/2014	
SCARS						TATTOOS		MISC INFO (Other DOB, SS#, IDENTIFIERS)			
<input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE											
1 (Last,First,Middle)						ADDRESS (Street,City,State,Zip)					
ALIAS SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC ETHNICITY: <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> UNKNOWN						AGE: DOB:		SS#:		DLN#:	
DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> H <input type="checkbox"/> R HANDLED WITHIN DEPT. <input type="checkbox"/> REFERRED TO <input type="checkbox"/> OTHER AUTHORITY						OFFENSE / ARREST: 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/>		"DETAINEE" 1 CITY <input type="checkbox"/> 2 COUNTY <input type="checkbox"/> 3 STATE <input type="checkbox"/> 4 OUT OF STATE <input type="checkbox"/> 5 UNKNOWN <input type="checkbox"/>		SEARCHED PRIOR TO & YES <input type="checkbox"/> AFTER TRANSPORT <input type="checkbox"/> (Patrol Vehicle) NO <input type="checkbox"/>	
ARRESTEE WAS ARMED WITH: (Check Up To Two)						HEIGHT: FEET INCHES		WEIGHT: EYES		HAIR	
10 <input type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM (type not stated) <input type="checkbox"/> CUTTING INSTRUMENT 11 <input type="checkbox"/> FIREARM <input type="checkbox"/> SHOTGUN <input type="checkbox"/> H <input type="checkbox"/> R 12 <input type="checkbox"/> HANDGUN <input type="checkbox"/> H <input type="checkbox"/> R 13 <input type="checkbox"/> RIFLE <input type="checkbox"/> CLUB / BRASS KNUCKLES						ARREST NUMBER: UCR ARREST OFFENSE CODE:		ARREST DATE: UCR WARRANTS ISSUED (NO ARREST)		DATE WARRANTS OBTAINED:	
SCARS						TATTOOS		MISC INFO (Other DOB, SS#, IDENTIFIERS)			
FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN						MODEL:		TAG #			
VEH.1 VEHICLE DESCRIPTION: <input type="checkbox"/> SUSPECT/OFF. <input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM						Year:		COLOR:			
VIN:						MAKE:		TAG #			
FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN						MODEL:		TAG #			
VEH.2 VEHICLE DESCRIPTION: <input type="checkbox"/> SUSPECT/OFF. <input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM						Year:		COLOR:			
VIN:						MAKE:		VIN:			
NAME (Last,First,Middle)			ADDRESS (Street,City,State,Zip)					RESIDENTIAL PHONE:		BUSINESS PHONE:	
1											
2											
On 08/03/14, at 1400 hours, I was contacted by Deputy Keith Langford #4191, via telephone.											
NARRATIVE											
REPORTING OFFICER		C.D. Parker 		BADGE #		4131		DATE		8/3/2014	
APPROVING SUPERVISOR				BADGE #		3335		DATE		08/03/2014	
FORWARD TO: <input type="checkbox"/> Financial <input type="checkbox"/> Person <input type="checkbox"/> Male <input type="checkbox"/> Property <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang											

Hall County Sheriff's Office

Incident Report

ORI #: GA0690000

INCIDENT #: 140090231		Report Taken	ENTERED GCIC: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT STATUS:	A <input type="checkbox"/> DEATH OF OFFENDER
REPORT DATE: 08/03/14		<input type="checkbox"/> Over the Phone	DATE ENTERED:	B <input type="checkbox"/> PROSECUTION DECLINED	
RESPONSE CODE: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input checked="" type="checkbox"/> In Person	DATE REMOVED:	C <input type="checkbox"/> EXTRADITION DECLINED	
REPORT TYPE: <input type="checkbox"/> INITIAL REPORT <input checked="" type="checkbox"/> SUPPLEMENT		<input type="checkbox"/> Other	**CID USE ONLY**	D <input type="checkbox"/> REFUSED TO COOPERATE	
		<input type="checkbox"/> Translator Required	INV ASSIGNED:	E <input type="checkbox"/> JUVENILE- NO CUSTODY	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DFCS CASE #:	F <input type="checkbox"/> NOT APPLICABLE	
COMPLAINANT (Last, First, Middle)		PHONE (Home) ()		DATE: 8/3/2014	
(see victim)				(Work / Cell) ()	
ADDRESS (Street, City, State, Zip)		MAILING ADDRESS (if different)			
LOCATION OF INCIDENT (Address or Block No.)		OFFENSE:		UCR CODE	ATTEMPTED
DATE(S) OF INCIDENT: 08/03/14 TO. 1900 TO.		Obstruction (M)		4094	COMPLETED
TIME(S) OF INCIDENT:		1			FAMILY VIOLENCE
		2			
		3			
CRIME SCENE					
DATE INCIDENT REPORTED: 8/3/2014		AUDIO/VIDEO RECORDING: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(For Burglary Only) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	
DISTRICT INCIDENT OCCURRED: 15		PHOTOGRAPHS TAKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		METHOD OF ENTRY: <input type="checkbox"/> F <input checked="" type="checkbox"/> FORCIBLE <input type="checkbox"/> N <input type="checkbox"/> NO FORCE	
LOC CODE: 31-3E		FINGERPRINTS OBTAINED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LOCATION OF ENTRY: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	
LOCATION OF OFFENSE: (Check Only One) (Enter Code Number for Offense # 2 #3)					
1 <input type="checkbox"/> BANK / SAVINGS & LOAN	5 <input type="checkbox"/> CONVENIENCE STORE	9 <input type="checkbox"/> HOTEL / MOTEL / ETC	13 <input type="checkbox"/> PARKING LOT / GARAGE	17 <input type="checkbox"/> SCHOOL / COLLEGE	
2 <input type="checkbox"/> CHURCH / SYNAGOG / TEMPLE	6 <input type="checkbox"/> FIELD / WOODS	10 <input type="checkbox"/> JAIL / PRISON	14 <input type="checkbox"/> RENTAL / STORAGE FACILITY	18 <input type="checkbox"/> SERVICE / GAS STATION	
3 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING	7 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDINGS	11 <input type="checkbox"/> LAKE / WATERWAY	15 <input checked="" type="checkbox"/> RESIDENCE / HOME	19 <input type="checkbox"/> OTHER	
4 <input type="checkbox"/> CONSTRUCTION SITE	8 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY	12 <input type="checkbox"/> LIQUOR STORE	16 <input type="checkbox"/> RESTAURANT	20 <input type="checkbox"/> UNKNOWN	
TYPE OF WEAPON / FORCE INVOLVED		11 <input type="checkbox"/> FIREARM (UNK TYPE)	14 <input type="checkbox"/> SHOTGUN	30 <input type="checkbox"/> BLUNT OBJECT	50 <input type="checkbox"/> POISON
(Check Up To Three)		12 <input type="checkbox"/> HANDGUN	15 <input type="checkbox"/> OTHER FIREARM	35 <input type="checkbox"/> MOTOR VEHICLE	60 <input type="checkbox"/> EXPLOSIVES
		13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT	40 <input checked="" type="checkbox"/> PERSONAL WEAPONS	65 <input type="checkbox"/> FIRE/INCENDIARY
				66 <input type="checkbox"/> UNKNOWN	95 <input type="checkbox"/> UNKNOWN
				96 <input type="checkbox"/> NONE	99 <input type="checkbox"/> NONE
GANG RELATED: <input type="checkbox"/> DRUG RELATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		IF YES, LIST TYPE(S) OF DRUG:			
VICTIM CONNECTED TO OFFENSE: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3					
VICTIM (Last, First, Middle)		PHONE (Home) ()		(Work / Cell) ()	
Parker, Cameron D.				770 531-6889	
ADDRESS (Street, City, State, Zip)		MAILING ADDRESS (if different)			
610 Main Street, Gainesville, GA 30501					
TYPE OF VICTIM (Check Only One)		RACE/ETHNICITY	SEX	DOB: N/A NO OF VICTIMS: 2	
I <input checked="" type="checkbox"/> INDIVIDUAL	G <input type="checkbox"/> GOVERNMENT	U <input type="checkbox"/> UNKNOWN	W <input checked="" type="checkbox"/> WHITE	I <input type="checkbox"/> INDIAN	M <input checked="" type="checkbox"/> MALE
E <input type="checkbox"/> BUSINESS	O <input type="checkbox"/> OTHER	U <input type="checkbox"/> UNKNOWN	B <input type="checkbox"/> BLACK	A <input type="checkbox"/> ASIAN	F <input type="checkbox"/> FEMALE
H <input type="checkbox"/> HISPANIC		U <input type="checkbox"/> UNKNOWN		U <input type="checkbox"/> UNKNOWN	DOB: N/A NO OF VICTIMS: 2
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES		INJURY TYPE: (Check Up To Five)		RELATION OF VICTIM TO OFFENDER: (For multiple relationships enter offender number(s) in space)	
1 <input type="checkbox"/> ARGUMENT	6 <input type="checkbox"/> LOVERS QUARREL	I <input checked="" type="checkbox"/> NONE	I <input type="checkbox"/> MODERATE INJURY	FA <input type="checkbox"/> IMMEDIATE FAMILY	RO <input type="checkbox"/> ROOMMATE
2 <input type="checkbox"/> ASSAULT ON LAW OFFICER	7 <input type="checkbox"/> MERCY KILLING	D <input type="checkbox"/> DECEASED	O <input type="checkbox"/> MAJOR INJURY	OF <input type="checkbox"/> OTHER FAMILY	OK <input type="checkbox"/> OTHERWISE KNOWN
3 <input type="checkbox"/> DRUG DEALING	8 <input type="checkbox"/> OTHER FELONY INVOLVED	M <input type="checkbox"/> MINOR INJURY	U <input type="checkbox"/> UNKNOWN	ST <input checked="" type="checkbox"/> STRANGER	UK <input type="checkbox"/> UNKNOWN
4 <input type="checkbox"/> GANGLAND	9 <input type="checkbox"/> OTHER CIRCUMSTANCES				
5 <input type="checkbox"/> JUVENILE CRIME	10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES				
TYPE PROPERTY LOSS/ETC (ENTER NUMBER IN TYPE COLUMN)		TYPE	CODE	QUANTITY	PROPERTY DESCRIPTION INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR, TAG #, VIN #, ETC)
1 NONE					VALUE
2 BURNED					DATE PROPERTY RECOVERED Month / Day / Year
3 COUNTERFEITED/FORGED					
4 DAMAGED / DESTROYED					
5 RECOVERED					
6 SEIZED					
7 STOLEN					
8 UNKNOWN					
PROP SEIZED/ RECOVERED PLACED					
<input type="checkbox"/> CRIME LAB					
<input type="checkbox"/> PROPERTY & EVIDENCE					
<input checked="" type="checkbox"/> EVIDENCE LOCKER					
<input type="checkbox"/> OTHER: _____					
THEFT <input type="checkbox"/> RECOVERY <input type="checkbox"/>					
1 CITY 4 OUT OF STATE					
2 COUNTY 5 UNKNOWN					
PROPERTY DESCRIPTION CODE TABLE: (Enter Number in Code Column Above)					
1 AIRCRAFT 14 GAMBLING EQUIPMENT 28 RECREATIONAL VEHICLES 86 PENDING INVENTORY					
2 ALCOHOL 15 HEAVY CON / IND EQUIP 36 TOOLS - POWER / HAND 99 ()					
3 AUTOMOBILES 16 HOUSEHOLD GOODS 37 TRUCKS					
4 BICYCLES 17 JEWELRY / PRECIOUS METALS 38 VEHICLE PARTS / ACCESSORIES					
5 BUSES 18 LIVESTOCK 39 WATERCRAFT					
6 CLOTHES / FURS 19 MERCANDISE 40 FISHING EQUIPMENT					
7 COMPUTER / HARDWARE / SOFTWARE 21 NEGOTIABLE INSTRUMENT 41 TAGS / DECALS					
8 CONSUMABLE GOODS 22 NONNEGOTIABLE INSTRUMENTS 42 LAWN MOWERS (RIDING & PUSH)					
9 CREDIT / DEBIT CARDS 23 OFFICE - TYPE EQUIPMENT 43 BUILDING MATERIALS					
10 DRUGS / NARCOTICS 24 OTHER VEHICLES 44 GASOLINE					
11 DRUG / NARCOTIC EQUIPMENT 25 PURSES / HANDBAGS / WALLETS 45 MAILBOX					
12 FARM EQUIPMENT 26 RADIO / TV / VCRs 46 CELL PHONES					
13 FIREARMS 27 RECORDINGS - AUDIO / VISUAL 47 TRAILER					
77 OTHER					
DAMAGED/ BURNED STRUCTURES ONLY					
29 STRUCTURES- SINGLE OCC DWELLING					
30 STRUCTURES- OTHER DWELLINGS					
31 STRUCTURES- OTHER COM / BUSINESS					
32 STRUCTURES- IND / MANUFACTURING					
33 STRUCTURES- PUBLIC / COMMUNITY					
34 STRUCTURES- STORAGE					
35 STRUCTURES- OTHER					

ARROFF/SUSP 1	<input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE							
	1 (Last,First,Middle): Freeman, David Justin			ADDRESS (Street,City,State,Zip): 109 Bennett Drive, Gainesville, GA 30501				
	Freeman, Justin			AGE: 29	DOB: 08/08/84	SS#: UNK	OLN#: 050801099 STATE: GA	
	SEX M <input checked="" type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	RACE/ETHNICITY W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK H <input type="checkbox"/> HISPANIC	I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	DISPOSITION OF ARRESTEE UNDER 18: H <input type="checkbox"/> HANDLED WITHIN DEPT. R <input type="checkbox"/> REFERRED TO O <input type="checkbox"/> OTHER AUTHORITY		OFFENSE / ARREST 2 <input type="checkbox"/> 2	1 CITY 2 COUNTY 3 STATE 4 OUT OF STATE 5 UNKNOWN	"DETAINEE" SEARCHED PRIOR TO & YES <input checked="" type="checkbox"/> AFTER TRANSPORT (Patrol Vehicle) NO <input type="checkbox"/>
	ARRESTEE WAS ARMED WITH: (Check Up To Two):			HEIGHT 6 FEET 00 INCHES	WEIGHT 160	EYES	HAIR	CLOTHING
	10 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (type not stated)	12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE	14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> FIREARM 16 <input type="checkbox"/> CUTTING INSTRUMENT (e.g. Switchblade Knife, etc.)	17 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST NUMBER: 1 UCR ARREST OFFENSE CODE:	4094		
	ARREST DATE: 08/03/14			UCR WARRANTS (ISSUED/NO ARREST)	DATE WARRANTS OBTAINED			
	SCARS			TATTOOS			MISC INFO (Other DOB, SS#, IDENTIFIERS)	
	<input type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE							
	1 (Last,First,Middle) ADDRESS (Street,City,State,Zip)							
ARROFF/SUSP 2	<input type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE							
	ALIAS			AGE:	DOB:	SS#:	OLN#:	
	SEX M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	RACE/ETHNICITY W <input type="checkbox"/> WHITE B <input type="checkbox"/> BLACK H <input type="checkbox"/> HISPANIC	I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	DISPOSITION OF ARRESTEE UNDER 18: H <input type="checkbox"/> HANDLED WITHIN DEPT. R <input type="checkbox"/> REFERRED TO O <input type="checkbox"/> OTHER AUTHORITY		OFFENSE / ARREST 2 <input type="checkbox"/> 2	1 CITY 2 COUNTY 3 STATE 4 OUT OF STATE 5 UNKNOWN	"DETAINEE" SEARCHED PRIOR TO & YES <input type="checkbox"/> AFTER TRANSPORT (Patrol Vehicle) NO <input type="checkbox"/>
	ARRESTEE WAS ARMED WITH: (Check Up To Two):			HEIGHT FEET INCHES	WEIGHT:	EYES	HAIR	CLOTHING
	10 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (type not stated)	12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE	14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> FIREARM 16 <input type="checkbox"/> CUTTING INSTRUMENT (e.g. Switchblade Knife, etc.)	17 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST NUMBER: UCR ARREST OFFENSE CODE:			
	ARREST DATE:			UCR WARRANTS (ISSUED/NO ARREST)	DATE WARRANTS OBTAINED			
	SCARS			TATTOOS			MISC INFO (Other DOB, SS#, IDENTIFIERS)	
	FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN							
	VEH.1 VEHICLE DESCRIPTION				Year:	MODEL:	TAG #	
	<input type="checkbox"/> SUSPECT/OFF. <input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM				MAKE:	VIN:	COLOR:	
FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN								
VEH.2 VEHICLE DESCRIPTION				Year:	MODEL:	TAG #		
<input type="checkbox"/> SUSPECT/OFF. <input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM				MAKE:	VIN:	COLOR:		
WITNESS	NAME (Last,First,Middle)		ADDRESS (Street,City,State,Zip)			RESIDENTIAL PHONE:	BUSINESS PHONE:	
	1							
	2							
REPORTING OFFICER	C.D. Parker <i>(Signature)</i>		BADGE #: 4131	DATE 8/3/2014	FORWARD TO:			
APPROVING SUPERVISOR	<i>Sgt G.K.</i>		BADGE #: 3335	DATE 08/03/2014	Financial <input type="checkbox"/>	Persons <input type="checkbox"/>	None <input type="checkbox"/>	
					Property <input type="checkbox"/>	Juvenile <input type="checkbox"/>	Gang <input type="checkbox"/>	

Hall County Sheriff's Office

INCIDENT #:	140090231	INCIDENT STATUS:	A <input type="checkbox"/> DEATH OF OFFENDER
OFFENSE:	Disrupt Gathering, etc.	B <input type="checkbox"/> PROSECUTION DECLINED	
VICTIM:	Laws of Georgia, et al	C <input type="checkbox"/> EXTRADITION DECLINED	
INCIDENT DATE:	8/3/2014	D <input type="checkbox"/> REFUSED TO COOPERATE	
		E <input type="checkbox"/> JUVENILE, NO CUSTODY	
		F <input type="checkbox"/> NOT APPLICABLE	
		DATE: 8/3/2014	

Reporting Officer's
Investigative Report

Deputy Langford advised me that while working an extra-duty job at 12 Stone Church, located at 4256 Martin Road on this date, he had been approached at the church, in reference to an incident. Deputy Langford stated that an off-duty Gwinnett County Police Officer told him that a white male subject, later identified as "David Justin Freeman," had acted in a disorderly manner during the church service at 0900 hours, disrupting said service. Deputy Langford stated that the officer approached him approximately one hour after the incident occurred, at which time it was determined that Freeman had already vacated the premises. I advised Sgt. Haney #3303 about the incident, and he contacted Deputy Stuart Dailey #4170, via telephone, as Deputy Dailey coordinated the extra duty details for the church, on behalf of the Sheriff's Office. Per Sgt. Haney's request, Deputy Dailey made contact with the campus pastor for the Martin Road campus of 12 Stone, Jason Berry. Deputy Dailey requested that Pastor Berry meet with an officer, in reference to obtaining further information about the aforementioned disturbance caused by Freeman.

At approximately 1700 hours, I met with Pastor Berry at the church on Martin Road. Berry stated that Freeman was a member of the church, with whom he was familiar. Berry stated that he had held several conversations with Freeman in the recent past, about numerous topics, including, but not limited to his abnormal viewpoints on government, public schools, and law enforcement, and his dislike for the same. Berry stated that during the church service at 0900 hours, he was in the front of the sanctuary, delivering his sermon. Berry said that at one point during the service, that he recognized the teachers in the congregation, and had them stand. Berry advised that he noticed that Freeman also stood up at the very back of the sanctuary, at the same time as the teachers. Berry said that he began to pray for the teachers, at which time Freeman held up one of his middle fingers toward the front of the room, very highly in the air. Berry said that Freeman had an evil look of hatred in his eye, which made him feel uncomfortable and threatened. Berry stated that after the prayer, music began to play. He said that Freeman began to yell at others in the room to "take care/responsibility of your own children...Don't send them off to a Godless government....You're sending them off for the Devil to raise..." Berry stated that Freeman became so loud with his shouting, that the music coordinator had to increase the volume of the music playing, in order to drown out Freeman's voice. Berry advised that shortly thereafter, Freeman made a "bee line" for the exit, and went out into the parking lot. Berry said that he followed Freeman outside, in an attempt to reason with and talk to him. Berry explained that Freeman began pointing his finger(s) in his (Berry's) face, while continuing to (Over ---->)

REPORTING OFFICER:	C.D. Parker	BADGE #: 4131	DATE: 8/3/2014	CONTINUED ON BACK
APPROVING SUPERVISOR:	S. - CK	BADGE #: 3335	DATE: 08/03/2014	